DOCUMENT RESUME

ED 177 776 EC 121 145

TITLE	Education of the Hearing Impaired: Suggested Oregon Guidelines for Determining the Most Appropriate Educational Placement of Hearing Impaired Children.
INSTITUTION	Oregon State Dept. of Education, Salem.
PUB DATE	78
NOTE	43p.; A large chart entitled: Most Appropriate Placement Matrix for Hearing Impaired Students, is available from source
AVAILABLE FROM	Oregon Department of Education, 942 Lancaster Drive, Salem, Oregon 97310
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Aurally Handicapped; Deaf; Delivery Systems; Elementary Secondary Education; Evaluation Methods; Hard of Hearing; *Identification; Instructional Materials; Mainstreaming; Parent Participation; Preschool Education; *State Standards; Student Evaluation; *Student Placement
IDENTIFIERS	*Oregon

ABSTRACT

The booklet presents Oregon's guidelines regarding the most appropriate/least restrictive placement of hearing impaired students. Guidelines address the following topics (sample subtopics in parentheses): identification (school screening, failure criteria, followup); referral; assessment (criteria, records, parent rights, group and individual tests); staffing (composition and function of committee); placement (parental involvement, direct placement of transfer student, tuition placement, residential or regional program placement); review staffings; service standards (delivery method alternatives, program standards, support services, staff standards); instructional materials for the deaf; special education equipment for the deaf; facilities; transportation; and preschool programs (early identification, diagnostic evaluation and referral, selection and fitting of amplification, and personnel preparation). (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

TO:EC

ED177776

EC121145

EDUCATION OF THE HEARING IMPAIRED

OREGON DEPARTMENT OF EDUCATION
SALEM, OREGON 97310

Verne A. Duncan
State Superintendent
of
Public Instruction

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Robert E. Myers

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EDUCATION OF THE HEARING IMPAIRED

Suggested Oregon Guidelines for Determining the Most Appropriate Educational Placement of Hearing Impaired Children

Fall 1978

STATEMENT OF ASSURANCE

Oregon Department of Education

It is the policy of the Oregon Department of Education that no person be subjected to discrimination on the basis of race, national origin, religion, sex, age, handicap, or marital status in any program, service, or activity for which the Oregon Department of Education is responsible. The Department will comply with the requirements of state and federal law concerning nondiscrimination and will strive by its actions to enhance the dignity and worth of all persons.

2627919781000

FOREWORD

To achieve quality educational programs in Oregon public schools, individual student needs must be met. Hearing impairments require special attention, and the purpose of this publication is to help coordinate efforts statewide.

Initial guidelines for identifying the hearing impaired were developed in 1972, and a more concise state plan was drawn up in 1975. In 1977, the Oregon Advisory Committee on Education of the Deaf recommended that a specific set of guidelines be written describing the most appropriate/least restrictive instructional programs and services for hearing impaired youth. A study group was organized to draw up such guidelines. The group solicited information from other states; Colorado provided the most comprehensive document and it was used to guide the development of this publication.

I commend all of those who participated in developing these guidelines, most of whom are Oregon educators who work with the hearing impaired.

Verne A. Duncan
State Superintendent of
Public Instruction

ACKNOWLEDGMENTS

At the request of the State Superintendent of Public Instruction, a study group was formed to draw up guidelines for identifying the hearing impaired. To these individuals the Department extends appreciation.

Lew Keller (Chairperson)	Director Southern Oregon Regional Program for the Deaf
Dan McAuley	Director Portland Regional Program for the Deaf
Bruce Dahlke	Research Associate Teaching Research Division Oregon System of Higher Education
Jean Teets	Teacher Oregon State School for the Deaf President Oregon Association of the Deaf
Wallace Bruce	Director Tucker Maxon Oral School for the Deaf

TABLE OF CONTENTS

	Page
Identification	1
Referral	5
Assessment	7
Staffing	17
Placement	23
Review Staffings	25
Service Standards	27
Instructional Materials for the Deaf	33
Special Education Equipment for the Deaf	33
Facilities for Special Education Programs for the Deaf	35
Transportation of Hearing Handicapped Children	35
Preschool Programs	37

IDENTIFICATION

The districts and/or regional program for the deaf should make reasonable efforts to seek out and identify all persons under twenty-one years of age who have not met graduation competencies or who may be in need of special education services. They should inform the public of the educational rights of handicapped children and the availability of special education programs. The districts and/or regional program for the deaf may cooperate with other public and private agencies to carry out this guideline.

The following procedures would constitute "reasonable efforts to seek out and identify all children . . . who may be in need of special education programs or services" due to hearing handicaps.

Community Identification

Strategies may include: use of public health services, physician and agency referrals, audiometric screening (all school and preschool populations), doctor-hospital orientation and training and high risk registers as a cooperative effort between preschool handicapped programs and hospital pediatric and maternity units.

School Identification (Screening)

What? Screening is defined as the rapid process of selecting, from the total population or referrals, those students who may have special education needs and/or the process of confirming the need for further assessment. Screening for hearing problems (identification audiometry) should include:

An initial screening, on pure tone air conduction, to identify those persons requiring a second screening;

A second screening to provide information about: bone conduction to determine air bone gap; the integrity and/or function of the peripheral auditory mechanism (tympanometry).

Who? Identification audiometry should be provided for:

All children in established community preschool programs.

All students in grades kindergarten, one, two, three and five, plus once at the junior high level and once at the senior high level.

All new students and those who are most likely to have a hearing loss:

- those who are enrolled in special education and/or remedial programs.

- those who failed a threshold test during the previous school year.

- those who have a medical problem associated with hearing impairment.

- all children referred by parents, classroom teachers or other school personnel.

When? Students should be screened annually. New students should be screened within the first 30 days of school enrollment. All students staffed for possible placement in a special education program should have been screened for hearing problems within the last twelve months.

Who does the screening? Identification audiometry may be provided by nonprofessional personnel so long as it is conducted under the training and supervision of a licensed audiologist.

How? Identification audiometry should include a manually-administered individual pure tone air conduction procedure at the following test frequencies and levels (re: ANSI, 1969):

500 Hz - 25 db
1000 Hz - 20 db
2000 Hz - 20 db
4000 Hz - 25 db
8000 Hz - 25 db (optional)

Audiometers used for screening should be calibrated to American National Standards Institute specifications initially (ANSI S3.6, 1969 or as revised), and should be checked for calibration at least yearly and recalibrated when necessary.

Ambient noise levels in screening facilities should not exceed:

51 db SPL - 300/600 Hz
50 db SPL - 600/1200 Hz
58 db SPL - 1200/2400 Hz
76 db SPL - 2400/4800 Hz

re: ANSI s1,4 (1971) Type 1 Sound Level Meters and ANSI s1,11 (1966, R, 1971) Octave, half octave and third octave band filter sets or as revised.

Failure Criteria Failure criteria includes either or both of the following:

Negative pressure at 200mm H 20 or greater on tympanometry.

Positive response to a 10 db unoccluded bone condition signal at 500 Hz.

Follow-Up

Those students failing the first screening should be rescreened. Failures on rescreening should be referred immediately for threshold screening (parent permission not necessary if part of screening procedure) and/or complete audiological assessment (parent permission must be obtained), to be provided by a licensed audiologist or a person supervised by a licensed audiologist.

All children with one of the following medically significant (MS) hearing losses should be referred for further audiological assessment to take place no later than three weeks following threshold screening: an air-bone gap greater than 10 db, at any two frequencies, or abnormal tympanometric measurements as determined by the audiologist.

Should either of the above medically significant conditions continue to be present, the children should be referred to a physician for an otologic examination. In addition, all children with progressive high frequency sensorineural hearing loss should be referred for an otologic examination. The length of time between threshold screening and/or audiological assessment and medical follow-up should not be prolonged.

Record keeping procedures should be established, implemented and maintained by the district or regional program for the deaf so that parents, nurses, physicians, teachers, other specialists and administrators are properly notified of identification audiometry results, threshold screening results, and referrals.

- Screening results should be recorded on all students' cumulative health records for future reference.

- Threshold audiograms, utilizing standard audiometric symbols should be filed with each child's cumulative records. Specific recommendations for teachers should be included.

- Written notification should be provided and conferences scheduled for parents of children with significant hearing loss.

- Follow-up records on students referred for medical evaluation should be maintained in order to encourage parental support and response to the medical referral.

- Follow-up records of all children with a nonmedically/noneducationally significant (NS) hearing loss (mild loss at a single frequency, sloping loss in the high frequencies, unilateral loss, etc.) should be maintained and the children retested during the following school year. Of particular concern are those children with high frequency hearing losses above 2000 Hz who may have difficulty in listening situations. They should be observed closely to ascertain if this loss becomes educationally significant.

REFERRAL

Districts and/or the regional program for deaf should establish and follow a procedure for referring a child for possible assessment and placement in a special education program. This procedure needs to be accessible to any person, association or agency having an interest in the education of a child.

For hearing handicaps, the following guidelines would constitute a referral procedure.

- All children with an educationally significant (ES) hearing loss, that is, an average pure tone loss of 20 db HL or greater in the speech range in the better ear, should be referred for possible assessment and placement in a special education program. Such assessment may be a "preliminary assessment" or a "full assessment."

- Regular classroom teachers should be provided with information about symptoms to watch for when considering students for identification audiometry. Teachers should prepare referral forms or other written statements about the students according to administrative unit policies and procedures. Action should be taken on a referral within 30 working days.

ASSESSMENT

All children under the jurisdiction of the districts and/or regional program for the deaf who are referred for possible enrollment in special education should be provided an appropriate assessment.

A preliminary assessment, consisting of a review of all pertinent information provided by the referring party, or information already available to the school, such as the child's academic file, health records, and teacher observations, may be conducted to determine the need for any other assessment. A preliminary assessment would involve the following:

Who Decides? A teacher of the deaf, after review of all pertinent information and consultation with other personnel familiar with the student, should make the decision concerning the need for full assessment.

Criteria If a learning difficulty is identified or suspected, the student should be referred for full assessment and staffing.*

Records A statement of case status at the end of preliminary assessment should be attached to screening records, in order to insure that all referrals were provided with preliminary assessment.

What? Preliminary assessment should include a review of the following:

- standardized achievement test scores administered within the last twelve months.
- information from the classroom teacher on the student's academic, social and emotional functioning.
- audiological information, including threshold audiogram, aided responses and any measures of receptive language ability.
- general family information.

The parents of any child referred should be informed about: the referral, the conclusions of the preliminary assessment, the procedures they may follow to resolve any differences.

Prior to any other assessment, school personnel should:

- Give the parent the reasons for the assessment, with an opportunity for a face-to-face conference with school personnel in a language in which the parent is fluent.
- Obtain written permission from the parent to conduct the assessment.

*See page 17 for staffing procedures.

- If the parent refuses to give permission for the assessment or fails to respond after reasonable efforts by the administrative unit, and the local school board believes that the child may be significantly harmed by the absence of special education services, the local school board may elect to institute court dependency proceedings to obtain authorization for assessment, staffing and placement of the child. However, parents may thereafter avail themselves of appeals procedures required by Oregon Administrative Rule.

- If the child's parent is not known or unavailable, the school may petition the court for a surrogate parent to be appointed for the purposes of consenting or refusing to consent to assessment and staffing, or objecting to placement of the child in the special education program, as well as to protect the child's interests.

Assessment procedures must protect the interests of the child.

- Personnel evaluating students for any special education program or service need to be certificated, endorsed, or otherwise approved by the Oregon Department of Education.

- The evaluation instruments used for assessment of a child should be selected to eliminate, as much as possible, any type of cultural or ethnic bias.

- Children should be assessed in the appropriate oral, written or sign language and/or through the use of manipulative or nonverbal techniques. Children who cannot read, write, speak or understand the English language as determined through appropriate testing may not be assigned to special education programs on the basis of criteria developed solely upon the command of the English language. To meet the foregoing requirement, personnel testing students should be able to administer the test in the dominant language, including sign language where appropriate, or have access to an interpreter who can be present during testing.

Each district and/or regional program for the deaf should be responsible for determining policies that describe the general nature of the assessment procedures to be followed by its staff, including the selection of instruments. All assessments should be reported in writing; they should be completed and available at the staffing. An appropriately certificated and/or endorsed professional should complete the assessment procedures appropriate to the suspected handicapping condition, as indicated below, in sufficient scope and intensity to determine the level of the child's handicap, if any, and to identify the nature of the child's special educational needs.

SUSPECTED HANDICAPPING CONDITIONS

If a student is suspected of having a speech/language handicap due to hearing loss, the suspected handicapping condition would be a hearing impairment.

"Mandatory" means that the assessment procedure is expected to provide crucial information in 100 percent of the cases referred for assessment and staffing in the category of suspected handicapping condition. All children placed in programs for a particular handicapping condition should have received the assessments indicated as "mandatory" for that handicapping condition.

"Recommended" means that the assessment procedure can be expected to provide highly relevant information in up to 80 percent of the cases referred for assessment and staffing in the category of suspected handicapping condition. Professional judgment will be needed to determine the necessity for the assessment in individual cases. The record shall indicate the reasons for not completing "recommended" procedures when this decision is made.

The following describes appropriate personnel and assessment procedures needed for those students suspected of having a hearing handicap as a result of the preliminary assessment:

Suspected Handicapping Conditions: Hearing Impairment

(M=Mandatory, R=Recommended)

vision screening - M
educational assessment - M
developmental history - R
adaptive behavior - R
health history and current health status - M
vision assessment - M
hearing assessment - M
speech and language assessment - M
psychological assessment - R
other agency information - R
family history - R

1. Vision Screening (M)

All students suspected of having a hearing handicap should receive a vision screening. Vision screening should be administered according to Oregon Department of Education guidelines, by qualified personnel consistent with Oregon guidelines for school programs.

2. Educational Assessment (M)

All students suspected of having a hearing handicap should receive an educational assessment. An educational assessment in written form, should reflect the following considerations: academic history, an evaluation of educational environment, consideration of vocational and avocational needs, and an evaluation of current academic performance.

a. Academic History - Academic history would include: regular and special school considerations, age at which child started school program, summary of grade reports, grade levels, attendance, number of schools attended, standardized test results, and retention.

Additional special program considerations might include: communication mode, day or residential, self-contained, resource, or itinerant (classroom environment), teaching approaches used to teach academic areas, history and value of individual support services, and any previous diagnostic and/or special instructional materials and equipment.

b. Evaluation of Educational Environment - The child's educational environment should be observed repeatedly; that is:

- The student's relationship to the school environment: interpersonal, self-concept, motivation, attendance.

- The impact of a teacher's individual teaching style including: speech and voice, teacher/child interaction, method and modality of classroom presentations, teacher mobility in the classroom, strategies for individualization.

- The physical and environmental aspects of the present classroom including: size of class, number of students, seating arrangement, lighting, general noise level, sources of specific noise, location of classroom or specific equipment used in instruction by the teacher.

c. Vocational and Avocational Needs - Students' vocational and avocational needs should be assessed informally or formally.

- Grades K-5 will focus on self-concept and self-awareness to aid decision-making.

- Grades 6-9 will focus on self-concept, decision-making, economic and career awareness.

- Grades 10-12 will focus on self-concept, decision-making, economic awareness, career awareness and beginning competency and employability skills.

Regarding the student's avocational needs, outside school interests and hobbies should be considered along with those skills necessary to participate fully in these interests.

d. Evaluation of Current Academic Performance - The evaluation should include academic areas of weaknesses and strength; information checklist narrative by classroom teacher, not just grades. General level of achievement should be ascertained from individual and/or group testing and should include standardized data as well as teacher reports. Achievement levels should be determined for reading comprehension, spelling, math computation, and math word problems.

Examples of achievement tests:

Group Tests

Iowa Test of Basic Skills

Metropolitan Readiness Tests

Individual Tests

Standardized Achievement Test:

Reading
- Roswell-Chall Diagnostic Reading Inventory
- Silvaroli Classroom Reading Inventory
- Gilmore Oral Reading Test
- Durrell Analysis of Reading Difficulty

Math	Key Math Diagnostic Arithmetic Tests
	Wide Range Achievement Test
	Stanford Diagnostic Math Test
Spelling	Wide Range Achievement Test
	Gates Russel
	North Kitsap Spelling Inventory
	P.I.A.T.

Standardized Preschool Tests

R.E.E.L.
Boehm Test of Basic Concepts
Detroit Test of Learning Aptitude
Sequenced Inventory of Communication Development
A.C.L.C.
Carrow Test of Auditory Comprehension
Peabody Picture Vocabulary
Alpern-Bol
Metropolitan Readiness Tests
Gates-MacGinitie
Verbal Language Development Inventory
Hausta Test of Language Development, Part II

The educational assessment should be interpreted by a teacher of the deaf and should be administered by personnel with the following competencies:

- familiarity and experience with education of the deaf.
- familiarity with a variety of applicable tests.
- familiarity with and competency to administer a variety of tests.
- ability to interpret test results as they relate to the student's educational environment.
- ability to draw inferences (from test results) for individual student programming.
- ability to determine validity of a specific test as it relates to a specific student.
- ability to observe critically and draw inferences for programming.
- knowledge of vocational and career options and an ability to draw inferences for realistic habilitation.

Personnel having these competencies might be: teachers of the deaf, teachers of the learning disabled, psychologists, educational diagnosticians, speech/language specialists.

3. Developmental History (R)

Information about developmental history should be collected for any student suspected of having a hearing handicap. Information should include prenatal and birth history, speech/language developmental milestones, motor development milestones.

Information should be gathered by personnel with competencies in interview technique, knowledge of child development, ability to determine significance of information gathered.

Personnel with these skills might be: social workers, school nurses, teachers of the deaf, occupational therapists, psychologists, speech/language specialists, educational diagnosticians.

4. Adaptive Behavior (R)

Assessments for adaptive behavior should be provided for any student suspected of having a hearing handicap. The assessment should describe the student's adaptive behavior patterns within the home, school and community including: self-maintenance skills, responsibilities, interaction with peers, siblings and adults, social awareness, independence, self-concept, nature and level of activity, response to stress, ability to assume responsibility for actions. Assessment may also include tests of social functioning or maturity such as the Vineland, Devereaux, or Hill-Walker problem checklist.

The assessment should be done by personnel with the following skills: interview technique, knowledge of child development, ability to determine significance of information gathered, ability to assess and interpret social using maturity scales. Personnel with these competencies might include: social workers and pediatric nurse practitioners, teachers of the deaf, occupational therapists, psychologists, speech/language specialists, educational diagnosticians.

5. Health History and Current Health Status (M)

A health assessment should be provided for any student suspected of having a hearing handicap. Information should include the child's birth history, health habits, family health, significant illnesses, accidents, injuries or operations, medications used, screening results, height, weight and body build, medical observations, review of systems and source of medical care.

6. Vision Assessment (M)

A complete vision assessment should be provided for any student suspected of having a hearing handicap. The assessment should consist of visual acuity testing plus screening for muscle imbalance, color vision, visual field and other suspected abnormalities. It should be administered by an Oregon licensed optometrist and/or ophthamologist.

7. Hearing Assessment (M)

A complete audiological assessment should be provided for any hearing impaired student and any student suspected of having a hearing handicap. The assessment, in writing, should contain the following: pure tone air conduction threshold, bone conduction threshold and/or impedance audiometry, speech reception and speech discrimination testing, hearing aid evaluation including aided responses, earmold-aid integrity, slope charting and distinct characteristics, and other specialized tests as needed. Ambient noise levels in audiological assessment facilities should not exceed the following allowable ambient noise for zero HL threshold measurements SPL:

26 db - 300/600 Hz
30 db - 600/1200 Hz
38 db - 1200/2400 Hz
51 db - 2400/4800 Hz

re: ANSI S1.4 (1971) Type 1 Sound Level Meters and ANSI S1.11 (1966, Revised 1971) octave, halt actave, and third octave band filter sets or as revised.

Standard audiometric symbols should be used on all audiometric assessments. The audiological assessment should be conducted and interpreted by a licensed audiologist.

8. Speech and Language Assessment (M)

Speech and language assessment should be provided by persons trained in speech and language with additional training and/or experience with the hearing handicapped. Qualified speech and language specialists who are not trained or experienced with the hearing handicapped may utilize direct consultation of an individual trained in hearing, or have such a professional present during testing.

Speech and language assessment should be provided for any student suspected of having a hearing handicap. The assessment, in writing, should include the following:

- The oral peripheral assessment should examine the adequacy of function and structure of the oral mechanism including measures of breathing and diadocholanetic rates. This can be done on a clinical rating scale.

- Auditory discrimination and processing should be determined as a part of the audiological assessment and through informal assessment of listening skills including gross to fine environmental sounds and gross to fine speech. Applicable tests include: Goldman-Fristoe, Woodcock, Clarke School Test of Auditory Development Checklist, Los Angeles Department of Education Test of Auditory Development.

Memory and sequencing skills can be assessed through the use of digits, unrelated words, sentences and commands. Examples of standardized tests are: Detroit, Utah Test of Language Development, SICD - normal course of language development.

Language, both receptive and expressive, should be assessed. Receptive language ability should be determined by standardized language assessment or teacher made criterion reference tests which measure vocabulary, morphology, phonetics, and semantics. Applicable tests include: Peabody Picture Vocabulary Test - Aamons (receptive vocabulary), Northwestern Syntax Screening Test, Test of Auditory Comprehension of Language - Carrow (receptive syntax), Central Language Processing (conceptualization, organizations, abstraction, integration), Detroit, Boehm, Token, ITPA, PICAC, Test of Concept Utilization, Lindamood, Assessment of Children's Language Comprehension (ACLC).

Expressive language ability should be determined by standardized language assessment or teacher made criteria reference tests which may be based upon transformational grammar. Applicable tests of oral or total communication include: Syntax (the use of the structures of language including an estimation of community appropriateness) Developmental Sentence Scoring, NSST, Carrow Elicited, Vocabulary - Language Inventory, Language Samples.

Examples of written expressive language tests include: Quigley Test of Transformational Grammar and Written Language, University of Cincinnati Scale for Transformational Grammar, D.S.S. (Part A) - sentence analysis and teacher made picture descriptions.

a. Speech Reading Ability may be determined by informal teacher assessments as follows:

- Teacher made checklist for cued or uncued speech.
- Teacher report about speechreading behaviors; i.e., how much child uses lipreading skills and nature of other influencing factors.
- Auditory tests given with speechreading cues, if child is unable to hear.
- No voice, whispered voice, or normal conversational level, depending upon degree of hearing.
- Auditory discrimination during audiological evaluation with lipreading cues.
- Use of a variety of optimum viewing conditions.

b. Speech intelligibility should be determined by formal and/or informal assessment of both voice and articulation, utilizing tests with isolated words, connected speech, and/or spontaneous speech. Voice assessment may include: vocal quality, inflection, pitch and intensity. These should be evaluated according to criteria of appropriateness for age, sex, cultural background, environmental influences, and previous medical history. (Suspected vocal pathologies should be referred to a physician.)

A standardized test should be administered which allows observations of particular clusters, distinctive features, intelligibility, breathing patterns, rate prosodies, phrasing and rhythm.

A standardized test for articulation should be administered, preferably one which allows an overall examination of articulation of speech sounds. Examples of articulation tests are: Templin-Darley, McDonald, Fischer-Longemann, Arizona, Goldman-Fristoe, Ling assessment model (spontaneous connected speech).

c. The child's major method of communication should also be assessed, determining the use of any of the following methods:

- Receptive-aural and expressive-oral.
- Total communication - receptive and expressive communication utilizing multisensory input and output on an equal basis.
- Manual communication - use of sign language and/or finger spelling as a predominant or exclusive communication system.
- Communication board - receptive and/or expressive with picture pointing or manipulation of written language.

9. Psychological Assessment (R)

Psychological assessment should be provided for any student suspected of having a hearing handicap when the student's intellectual potential is undetermined and when further information regarding performance and cognitive skills is needed.

Psychological assessment should be done in a clinical situation by a person knowledgeable in both psychometrics and education of the deaf. If such a person is not available, then it should be done jointly by a psychologist and a teacher of the deaf. Regular school psychologists should not attempt psychological assessment of hearing impaired without specific orientation and training.

Psychological assessment should include a formal test of intelligence and behavioral observations in the educational setting. The formal test of intelligence should include a nonverbal performance assessment. Recommended tests include:

Major tests:

* Wechsler Series WISC (elementary - high school)
  WISC-R (elementary - high school)
  WPPSI (preschool)
  WAIS (high school - adult)

  Leiter (preschool - junior high)
  Hiskey (preschool - elementary)
* McCarthy Scales (preschool - elementary)
  DASI (preschool - elementary)

Supplementary tests:

  Goodenough (preschool - junior high)
  Ravens (elementary - high school)
* Binet

The assessment report should include a narrative (not just an I.Q. score), a breakdown of functioning in appropriate areas such as visual memory, visual spatial, visual motor integration, and visual association, and informal concerning retardation, learning disabilities, and possible emotional/behavioral problems. Recommendations should be specific.

Assessment of a child's potential should not be determined by the psychological assessment alone, but rather by the staffing team utilizing all assessment information.

Note: Interpretation of verbal scores must acknowledge the effects of hearing loss on language development.

10. Other Agency Information (R)

If a student has had an assessment done by another agency or has received therapy or training at another agency, it would be important to gather this information.

Other agencies may include: Oregon Department of Health, Children's Services Division, vocational rehabilitation, welfare and social services, medical (doctors, hospitals), private clinics, private evaluation, hearing aid (place of purchase), Mental Health Division, Oregon State School for the Deaf, other regional programs for the deaf, past school reports, or other administrative unit information.

11. Family History (R)

Family history could include the following information: custody, parents, family constellation, siblings, others in home, physician, probable cause of deafness, prenatal history offered by parent, delivery, and complications after delivery.

SPECIAL DIAGNOSTIC EVALUATION

Should the above personnel not be available in the district, in special cases the district may request diagnostic evaluation from the regional resource center for the deaf, Oregon State School for the Deaf, regional evaluation center having appropriately trained psychologists, or a regional program for the deaf.

The director of special education, or designee on the staffing committee, may place a child in a special education classroom for diagnostic purposes for a period not to exceed twenty school days. Such placement should be contingent upon parental permission, and any child so placed must be staffed before being admitted to a special education program.

If an independent assessment of the child has been made by an appropriate evaluation agency, parents may submit copies of records from the assessment to the director of special education, and the staffing committee should review these records when evaluating the child for placement in special education. When records from an independent assessment are used, written parental consent for the use of those records is necessary.

STAFFING

Determining that a child is handicapped and recommending that child for placement in a special educational program should be made by a committee of professionally qualified personnel designated by the governing body of the district and/or regional program for the deaf. The decision of the committee should be reached through concensus of the prescribed members.

Each administrative unit should establish a uniform process for staffing which includes person(s) designated to: notify parents, call the staffing, chair the staffing, and prepare the staffing report. All committee members agreeing with the decision should sign the staffing report. Any member(s) strongly disagreeing with the decision is not required to sign the report, but should attach a statement of disagreement.

The committee should be composed of the following:

- regional program director (or designee)
- special education director (or designee)
- school building administrator (or designee)
- classroom teacher or counselor
- special educator, when learning disabilities are suspected or evident
- when reduced hearing or visual acuity is indicated in the assessment, a specialist in these areas
- school psychologist and/or a school social worker
- one or more of the following professional personnel, as governed by the number and kinds of assessment procedures completed in each case, to interpret specialized assessment information which may have obtained about the child, or to provide other pertinent information: school nurse, audiologist or educational audiologist, physical therapist, occupational therapist, speech correctionist, teacher of visually handicapped, and other professional personnel who have contributed to the assessment of the child.

The following would constitute professionally qualified "committee" personnel in the area of hearing:

- A "special educator" certificated for teaching children with extreme learning problems (ELP).
- A specialist in hearing should be a teacher of the deaf.
- A specialist in visual acuity should be a teacher of visually handicapped.
- An "audiologist" must be licensed by the State of Oregon. An "educational audiologist" who is certificated as a teacher of the deaf, but not licensed,

is qualified to manage a hearing aid program, but not conduct clinical evaluations or recommend hearing aids.

The function of the staffing committee, individually and collectively, would be to:

1. Certify that an assessment of sufficient scope and intensity was completed. The following steps should "certify that an assessment of sufficient scope and intensity was completed."

- The staffing committee chairperson, after collecting all appropriate written assessment reports according to Oregon Guidelines for Hearing Impaired, should certify that the assessment was sufficient.

- If, after presentation of all professional interpretations of assessment results, the committee determines a need for additional assessment/observation information, the staffing should not proceed until such assessment information is obtained.

2. Provide a professional interpretation of the results of the formal and informal assessments which have been made. The following procedures should constitute "professional interpretation" of hearing assessment results.

- All audiological assessments should be interpreted by a licensed audiologist.

- All educational assessments should be interpreted by a certificated teacher of the deaf.

3. Identify the specific special education needs, if any, of the child. The following guidelines would constitute "special education needs" for the hearing handicapped.

a. Curricular Needs - Does any of the student's regular curriculum need to be adapted or changed relating to:

- Method(s) of presentation: modality, auditory/oral, total communication, manual communication, communication board, rate.

- Level of materials: relating to basic academic skills, relating to language level.

- Type of equipment and materials: individual/group amplification, auditory training equipment, self-instructional devices, classroom equipment and materials designed for the hearing impaired,

- Curriculum for hearing impaired.

b. Training Needs - Does the student need specific adaptive and/or developmental training relating to: the use of residual hearing, speech reading, speech intelligibility, language, alternative communication, or academic considerations?

c. Environmental Needs - does the student need:

- Adaptations or changes in physical environment with regard to: noise level, seating arrangement, lighting, visual stimulation, barriers?

- Alternative approaches to teacher/student interaction involving: adaptive teaching techniques unique to hearing handicaps, amount of structuring in the classroom day, group vs. individual instruction, level of activity, behavior management techniques?

- Social/emotional environmental restructuring relating to: peer relationships, self-concept, knowledge and acceptance of hearing loss?

d. Vocational/Avocational Needs - Does the student have unique needs due to a suspected handicapping condition relating to: economic and career awareness, occupational goals, employment skills, recreational and leisure time activities?

e. Home/School Interaction Needs - Does the student need better interaction between home and school regarding consistency or reinforcement of educational components?

4. Based on the preceding steps, determine whether the child is not able to reasonably benefit from regular education due to one of the handicapping conditions described in Oregon Revised Statutes, and that the child is therefore eligible for placement in a special education program. The following should constitute an inability to receive reasonable benefit from regular education due to a hearing handicap, and that the child is therefore eligible for placement in a special education program:

a. The student should have an average pure tone loss in the speech range of 20 decibels or greater in the better ear, which is other than a temporary loss that will be reversed medically.

b. The student should <u>also</u> have one or more of the following characteristics to the degree indicated:

- The student demonstrates aided speech discrimination less than 85 percent of the time, as determined by standardized speech discrimination tests or structured classroom observation with counted speech samples.

- The student's speech is determined to be unintelligible to the listener 25 percent of the time, or more for students ages three through four, and 15 percent of the time or more for students ages five through twenty-one, as determined by two or more listeners during structured observation with counted listening samples.

- The student demonstrates a language lag, as determined by instruments standardized for hearing impaired (for example, the Quigley, Laura Lee, or Myklebust tests of expressive language), to the following degrees: ages 3 to 8, one year lag or more, ages 9 to 12 one and one-half year's lag or more, ages 13 to 21 two year's lag or more.

- The student's behavior reactions to routine environment are at such a level that they require four times as much intervention, support or individual instruction from the classroom teacher as compared with the other students, as determined by structured observation for at least 20 school days.

- The student demonstrates a significant delay on standard verbal intelligence tests as compared with standard performance tests, the difference being 15 points or more as determined by an examiner experienced with the hearing impaired.

- The student demonstrates academic achievement below the 33rd percentile utilizing standardized norms.

5. Identify the characteristics of the special educational services which will meet the child's educational needs. The following should constitute characteristics of the special education services which would meet the child's educational needs.

a. When a hearing handicapped student demonstrates the need for curriculum to be adapted or changed due to poor speech discrimination, language lag or low academic functioning, special education services should include an individualized educational program stating minimum hours of contact relating to: method(s) of presentation including any alternative communication system, level of materials, specific equipment and materials, including amplification and/or auditory training equipment.

- If the regular curriculum needs total modification in order for the student to function and learn, 20 to 30 hours of special education services should be provided per week.

- If the regular curriculum needs partial modification in order for the student to function and learn, 6 to 20 hours of special education services should be provided per week.

- If the regular curriculum requires limited modification and/or adaptation, one to five hours of special education services should be provided per week.

- If the regular curriculum needs only adaptation by using an alternative communication system, the student should be served in the regular classroom and receive the services of an interpreter.

- If the curriculum needs to be presented using a specific teacher-to-student direct amplification system, that equipment should be provided.

b. When the hearing handicapped student demonstrates need(s) for individual training in speech, language and/or audition due to poor speech discrimination, speech unintelligibility or language lag, the special education services should include an individualized educational program stating minimum hours of contact for individual adaptive or developmental training relating to: <u>speech</u>, <u>language</u>, <u>audition</u>, and <u>total communication</u>.

- If a student needs developmental training in three or four of these areas, four to five hours of individual training should be provided per week.

- If a student needs developmental training in one or two of these areas, three to four hours of individual training should be provided per week.

- If a student needs adaptive training in three or four of these areas, two to three hours of individual training should be provided per week.

- If a student needs adaptive training in one or two of these areas, one to two hours of individual training should be provided per week.

- If the student requires a regularly scheduled hearing aid management program, at least two hours of individual contact per month as decribed in the I.E.P. should be provided.

c. When a hearing handicapped student demonstrates the need for changes in environment (including physical classroom and teacher/student interaction strategies or social/emotional environment restructuring, as demonstrated by behavioral reactions to the routine environment), the special education program should include either a six to twelve-hour program of inservice training for the classroom teacher or one hour of consultation per week on "awareness of the needs of a hearing impaired child and techniques for teaching such a child."

d. When a hearing handicapped student demonstrates vocational/avocational needs in order to function independently in society, special education services should include an individualized educational program stating minimum hours of contact relating to the development of socialization, communication, problem-solving and other work oriented abilities. At the secondary level, the student should receive a minimum of five hours per week of occupational education, with an emphasis on work related performance.

e. When a hearing handicapped student demonstrates the need for consistency or reinforcement between home and school, the special education services should include monthly programming in the areas of: structured classroom observation for parents, parent/child interaction modeling, family educational programming, parent/sibling counseling.

6. Recommended placement in the least restrictive alternative obtainable which most nearly approximates the characteristics of the services identified under 5 above. The following should constitute least restrictive (delivery method) alternatives.

a. When a hearing handicapped student needs only environmental adaptations or changes, which can be accomplished through teacher inservice training, the student should remain in the regular classroom with consultive assistance.

b. When a hearing handicapped student needs less than six total hours of special education services per week, as determined in an individual educational plan, the student should remain full time under the responsibility of the regular classroom teacher and receive itinerant special education services from a teacher of the deaf.

c. When a hearing handicapped student needs between six and twenty total hours of special education services per week, as determined in an individual educational plan, the student should continue part-time under the responsibility of the regular classroom teacher and part-time under the responsibility of a teacher of the deaf in a resource classroom. Needs for individual training may be met during the resource classroom time or as support to the regular classroom time.

d. When a hearing handicapped student needs between 20 and 30 total hours of special education services per week, as determined by an individual educational plan, the student should be served full-time under the responsibility of a teacher of the deaf in a self-contained classroom. Needs for individual training may be met in the self-contained classroom or as support.

e. When a hearing handicapped student needs work experience study programming, that service may be a part of, or apart from, other types of service alternatives.

f. When a hearing handicapped student needs more than 30 total hours of special education services per week and/or a restructuring of the total living environment, the student should be served in a residential school for deaf placement.

Those providing services to hearing handicapped students must have specific training and experience in the specific special education service(s) being provided. These may include, but not be limited to the following: certificated teachers of deaf, educational and/or licensed audiologists, speech/language specialists, extreme learning problem teachers, psychologists, career education specialists, social workers, and tutor/interpreters.

7. Maintain accurate records of minutes of the meetings. Parents should be notified, in writing and in a timely manner, of staffing and given the opportunity to consult with the committee and to attend and participate in staffing. Such notification shall also inform the parents of their right to be represented at such conferences or staffings by counsel, or other representative of their choice.

PLACEMENT

Placement of a child in a special education program or service and assignment of specific staff responsibilities should be made by the regional program for deaf director and/or special education director (or designees). Placement of the handicapped child in the least restrictive alternative available should be consistent with the child's needs, as determined by the staffing committee and with consideration of the desire of the parents.

The following should constitute placement:

- The director(s) should endeavor to place the child consistent with the staffing committee's recommendation.

- Should the director(s) conclude that the staffing committee's recommended placement is not the least restrictive alternative available consistent with the child's needs, a recommendation and rationale for an alternative placement should be stated in writing and attached to the staffing report.

Parental Involvement - Prior to placement of a child in a special education program:

- A representative of the staffing committee should consult with the parents and inform them, in writing, regarding; determination of handicap, identified special education needs and recommendation for placement, available alternatives, access to all school records which pertain to their child pursuant to law, procedures for regular review, and appeal procedures.

- Written permission for placement of the child should be obtained from the parents. If permission is refused, the local board of education may wish to take appropriate action.

Direct Placement of Transfer Student - If a child who has been receiving special education services in one district moves into another district, that child may be placed directly into a comparable program in the district and/or regional program for the deaf.

- The parent gives written permission for such placement.

- The child is provided a staffing within thirty school days after receipt of records from the previous school district. In the event records are not received within a reasonable time, usual placement procedures should be followed.

- Such placement should not result in more favorable treatment of transfer students than students already waiting placement in an appropriate program.

Tuition Placement - If a handicapped child cannot be served in the district of residence because of uniqueness of handicap, unreasonable transportation problems, or other justifiable cause, that child could be served in another regional program for the deaf district and/or unit.

- The district of residence should negotiate a contract with the regional program in the district providing the service. The contract should be approved by the Oregon Department of Education.

- Where placement necessitates family care home arrangements, the district of residence should notify the Oregon Department of Education.

- The district and/or regional program for the deaf which provides the service may ask the district of residence to pay an amount equal to that portion of the cost of educating the child which is not supported by applicable federal or state funds.

- Should a district or ESD decide to initiate services for hearing impaired, a plan needs to be prepared describing the program. This plan should be approved by the Oregon Department of Education consistent with Oregon Guidelines for Hearing Impaired. Any state funding or reimbursement of such a program would be contingent upon approval and proper implementation of the plan.

Residential, Institutional or Regional Program Placement - When the assessment and staffing process results in a recommendation or referral for placement in a regional program for the deaf, the Oregon State School for the Deaf, a state home and training school, or other state institution, program or service, districts and the Oregon Department of Education should cooperate with the agency to secure appropriate services for the child.

If the Oregon State School for the Deaf is considered as a possible placement for a hearing handicapped child, it is the responsibility of the district to inform the regional program for the deaf and the Oregon State School for the Deaf personnel of that particular staffing, so that they may attend. The Oregon State School for the Deaf should inform the district of staffings to be held for their students when district or regional placement is considered.

- Districts may contract with regional programs, public or private agencies and other districts for services for severely and profoundly handicapped, and mentally retarded hearing impaired children. A written contract should be executed specifying the expectations and obligations of both agencies. Provision should be made for an annual report to the district on the services received and the progress made by each child.

- Districts may refer children for further evaluation for placement in the regional program for the deaf, the Oregon State School for the Deaf, state institutions for the mentally handicapped and emotionally disturbed, and other state, county or other public or private agencies. In the event that a child is not accepted into an appropriate state institutional program, the district should refer the case to the Oregon Department of Education for disposition.

School districts should provide special education to any eligible handicapped child residing within the jurisdictional boundaries of the school district unless the child is receiving appropriate instruction and services in a state or regional program, facility, or institution.

REVIEW STAFFINGS

A child, having been determined handicapped and placed in a special education program, should continue to participate in such program as long as individual needs cannot be served in a less restrictive environment. A review of each student placed in a public or private school special education program, regional program for deaf, residential school for deaf or an institutional program shall be made at least annually following placement, or more frequently when information suggests a change in circumstances.

Review Staffing Committee - Determination of the adequacy of the program or the need for some other placement shall be made by an appropriate staffing committee. If a child has been placed in a regional program for deaf, the review staffing committee shall include representatives of the program. If the child has been placed in a residential or institutional program, the alternative arrangements shall be made for consultation between residential or institutional staff and the district.

- When a change of determination of handicapping condition is not indicated, the annual review may be conducted by the original staffing committee or by a committee consisting of: regional program director (or designee), director of special education (or designee), school administrator (or designee) from the child's regular school, regular and special educators and/or support staff who have been assigned specific responsibilities for the child's special education program, certificated teacher of the deaf, other appropriate personnel who may have additional knowledge about the child.

- When a change of determination of handicapping condition is indicated, the committee should be of the same professional composition as the original staffing committee. (See Staffing, page 17.)

Review Staffing Results - The review staffing committee can recommend continuation of placement, alternative placement, reassessment, or termination, based on substantiated information. Continuation placement means that the child's current program is sufficient and/or a change of program is not justified.

Although the child's general needs can continue to be met in the same placement with the same service providers, short-term objectives as related to specific needs may need revision.

- Alternative placement means that the child's needs have changed to the point where the child would be better served in another special education program, which may include a regional program, residential program or institutional placement.

- Termination means that the child's needs have been satisfied and special education services are no longer needed.

Review Procedures - District units should define procedures for conducting special, annual and termination staffings. Such procedures should provide that:

- Parents be notified in a timely manner of the committee meeting and be given the opportunity to attend.

- Parents be informed that if they disagree with the results of the annual review, they may initiate appeal procedures as outlined in these guidelines.

- A report of the review be prepared and kept in the student's records and a copy mailed, or personally delivered to the parents.

Review Assessment Process - Assessments performed in Section 303 for initial referral should be repeated as follows:

- vision (at least every two years)

- educational (annual)

- audiological (annual)

- hearing aid (monthly)

- speech and language (annual)

Other assessments should be updated as appropriate.

Delivery Method Alternatives - Consultative assistance maybe needed for the regular classroom teacher who is responsible for a handicapped student full-time and who receives help from a teacher of deaf to develop special strategies for serving the child's needs. The consultant may wish to work directly with the child from time to time to assess progress and determine the need for modification of the strategies being used.

1. The following would constitute good educational practice as it relates to consultative assistance.

- Regular classroom teachers should feel free to request consultation from teachers of the hearing handicapped.
- There should be a procedure for dealing with classroom teacher concerns systematically.
- There should be time available for consultation with regular teachers.
- Regular classroom teachers should be provided with workable recommendations from consultative teachers.
- A teacher of the hearing handicapped should be aware of the skills of the regular classroom teachers: teaching approaches, strengths and weaknesses, the teaching environment, and the classroom objectives.

2. Itinerant services for the handicapped child who continues full-time under the responsibility of the regular classroom teacher, but who receives special assistance in specifically diagnosed areas. An itinerant teacher of the deaf works directly with the handicapped child to help supplement regular classroom activities, but assumes direct responsibility only for that portion of the child's education which directly involved the teacher of the deaf with the child.

3. Resource classrooms where the child continues part-time under the responsibility of the regular classroom teacher and part-time under the responsibility of a teacher of the deaf. Both teachers have a direct responsibility for some part of the child's education. The following would constitute good educational practice as it relates to resource classrooms.

The regular teacher and teacher of the deaf will coordinate curricula to the extent that all student objectives are met. Generally the teacher of the deaf accepts responsibility for language related objectives because of teacher specialty. The regular teacher accepts responsibility for subject matter and some academic areas. Cooperative effort will result in an effective sharing of responsibility.

4. Self-contained hearing impaired classrooms where the child is placed full-time under the responsibility of a teacher of the deaf who has complete, direct responsibility for the child's education. Resources from the regular education program, such as art, music and physical education, can be used to supplement the special education services.

5. Work-experience-study programs where the handicapped child is enrolled in approved work programs and a career education counselor of the deaf is maintained to provide work experience study services. This service may be a part of, or apart from, other types of service alternatives. Work-experience-study programs should be available to hearing handicapped students and should consist of all the components outlined in Oregon Career Education Work Experience Plan for Deaf Students.

6. Home-hospital programs where the child is not attending a private school or institutional program and is unable to attend a public school facility. Educational needs may be served through the use of communication equipment linking the home to the regular classroom and/or through the assignment of an itinerant teacher of the deaf.

Program Standards - The following standards are suggested for programs serving handicapped children:

Handicapping Condition	Delivery Alternative	Maximum Active Enrolled Teacher Case Load		
		Preschool	Elementary	Secondary
Hearing Handicapped	Self-Contained	1-5	1-7	1-7
	Resource	1-5	1-7	1-7
	Itinerant	1-5	1-8	1-8

Consultative services by an itinerant teacher of the deaf should be available to all handicapped children as needed. The case load of a consultative teacher will be three to ten students balanced with a direct service case load and a minimum of two contacts per month already assumed. Work-experience-study should be available to all handicapped secondary students as needed.

The following would be considered good educational practice as it relates to "program standards" for all delivery method alternatives.

- An Individualized Educational Plan should be developed for each student receiving services for hearing handicapped. The plan should include objectives written in terms of individual behavior. Objectives should indicate learning outcomes that are appropriate to the child's age, logical, harmonious with district goals and objectives, and harmonious with the basic principles of learning including readiness, motivation, retention, and transfer value. In addition the plan should include an evaluation component and timeline for each objective.

- Each child should be provided with a learning situation which facilitates both the acquisition of skills and the practice or performance of those skills, as related to the child's IEP.

- The curriculum for the hearing handicapped should parallel that of the regular program when possible.

- There should be procedures to coordinate curriculum and monitor progress of students reentered into a regular class.

- There should be an attitude of acceptance of the hearing handicapped student in the classrooms and schools in which hearing handicapped are enrolled. Specific assessments of this degree of acceptance may be obtained through such means as a sociogram.

- Hearing handicapped students should be treated like other students with the same conduct expected from them and comparable responsibility placed on them.

- Students should be afforded equal opportunity for comparable participation in nonacademic and extracurricular activities.

- All special services in the building should be available equally to the handicapped child.

- Professional growth time should be provided at least once a month for hearing handicapped teachers to: meet with other professionals in hearing within the administrative unit, to exchange ideas and common concerns; make and/or share materials appropriate to programming; attend workshops (at least one workshop yearly regarding hearing handicapped services); enroll in credit courses in the area of hearing impairment offered by district and regional programs.

Supervision of Instruction - Instructional supervision should be provided by a trained and experienced supervisor of teachers of the deaf. The supervisor should provide clinical supervision not less than once a month or ten times each school year. Maximum supervisor/teacher ratio should not exceed one to ten.

Support Services - Support staff should be available to work directly with handicapped children as necessary to meet the specific needs of such children. The following should constitute support services:

- In the classroom, aides are primarily responsible for academic support with teacher direction and may be assigned certain clerical duties. A tutor may be present to help implement a plan for achieving educational goals set by the teacher. An oral or manual interpreter may provide services to those students who need translation or modification of spoken language. The interpreter may also serve as the tutor.

- Speech and language services may be provided by speech/language specialists or audiologists, but will be developed and coordinated with the teacher of deaf serving the student.

- Parent counseling, to be expanded to family counseling, may include but not be limited to referral to appropriate agencies, professionals, individual counseling, and student counseling, discussion groups, career education, school-home programs. Parents should be encouraged to be responsible for some of these programs. Hearing handicapped students and their families should be provided with individual counseling in the acceptance and understanding of their own hearing limitation.

- Auditory training may include, but not be limited to auditory awareness, gross and fine auditory discrimination, localization, increasing short- and long-term auditory memory. Each hearing handicapped student should be given full opportunity and instruction in development of audition to its greatest efficiency.

- Amplification refers to the school's having responsibility for referral for further evaluation, monitoring, daily hearing aid functioning, and referring for repair. When an assessment indicates a child will benefit from auditory training, to include binaural amplification when appropriate, it will be provided. All hearing handicapped students who can profit from amplification should wear appropriate amplification 95 percent of the time.

- Communication systems and options are Oral/Aural, Total Communication, Manual Communication, and Communication Board. Manual communication should be used only as part of a total communication program. If such a program is implemented for a hearing handicapped student, it should include development of manual communication skills for the child, family, faculty, and students. All such services should be directed toward and controlled by specific individual educational objectives as prescribed by an Individualized Education Plan. Such services can be provided either as a support to the regular education program, or as a support to programs for the deaf. When physical and/or occupational therapy is provided, it should be in accordance with the diagnosis and recommendation of a licensed physician.

Staff Standards - Any person authorized by the Handicapped Children's Educational Act for whom salary reimbursement is claimed should be certificated or otherwise approved by the Oregon Department of Education. The following should be considered to determine whether a teacher is qualified:

A hearing handicapped teacher should demonstrate an ability to undertake individualized teaching by developing behavior objectives based upon a scope and sequence chart as well as each child's learning style, diagnosed disability, motivators, psycho/social environment, emotional status, and academic level. The teacher should develop an approach to handle behavior while supporting the child's personality according to any of the following alternative techniques:

- behavior-centered statements

- providing alternatives from which the child chooses

- contingency management techniques

- providing acceptable outlets for unacceptable behavior

- group problem-solving

- reflective listening

- other approaches

The teacher should attempt to avoid teaching splinter skills by generalizing remedial skills. The teacher should be specifically trained and have experience in any learning modification which the teaching assignment requires. All professional personnel should be endorsed, certificated, licensed, or otherwise approved in the State of Oregon in that area of service to which they are assigned. Each district will determine the qualifications and competencies required of instructional aides, secretaries and other noncertificated personnel claimed for reimbursement.

Tutor interpreters should be skilled in the use of the sign system utilized by the student, to the degree that all classroom conversation can be fluently interpreted. Oral interpreters should be skilled in rephrasing and/or reshaping sentence structure if necessary.

INSTRUCTIONAL MATERIALS FOR DEAF

Districts should provide adequate instructional materials to support the educational programs offered to hearing handicapped children. A variety of audiovisual materials should be available to teachers of hearing handicapped students:

- materials designed especially for visual learning or tactile learning (charts, maps, globes, photographs, games, specimens, models)
- a variety of colorful, attractive print materials (textbooks, supplementary books, reference books, periodicals, newspapers, programmed materials)
- materials and textbooks that are available to the regular classroom
- materials, textbooks, etc., specifically prepared and/or adapted for hearing impaired

  Curriculum materials should follow a scope and sequence format as recommended by a teacher of the deaf, such as BCP, Systems Fore, or Texas Curriculum.

Budgeting for materials is necessary. A special education instructional materials center can be operated as a part of the general instructional materials center. Districts can use the resources of the Oregon State School for the Deaf and the regional program for the deaf instructional materials centers to support instructional program. The Oregon Department of Education should establish procedures for the use of these resources, and may recommend that a district purchase its own materials, when justified by reasons of economy or convenience.

SPECIAL EDUCATION EQUIPMENT FOR THE DEAF

Districts should provide special equipment for use in the education of hearing handicapped children. A variety of audiovisual equipment should be available to the teachers of hearing handicapped students including equipment to project still pictures for large group study (overhead, filmstrip, slide, opaque projectors), auditory-training equipment (language master, tape recorder, record player and an amplifying unit), motion picture projectors, special boards to provide visual or tactile simulation (chalkboard, bulletin boards, manipulative boards such as flannel, magnetic or hook'n loop), and self-instructional devices for children to operate independently (filmstrip viewers, cartridge projectors, cassette recorders, reading pacers, listening stations, programmed learning machines).

FACILITIES FOR SPECIAL EDUCATION PROGRAMS FOR THE DEAF

All programs for handicapped children should be conducted in facilities which are adequate for the instructional program. Architectural barriers should be eliminated, as required by law, and the facilities should be comparable to those generally available in the adminstrative unit.

- The hearing handicapped program should have direct access to regular educational programs and facilities.

- All programs for hearing handicapped should be conducted in facilities with adequate lighting, power supply, outlets, and noise control including acoustically treated ceilings and carpeting or area rugs and flashing firelight. Maximum mean ambient noise levels are: 65 db for kindergarten, 60 db for primary, 60 db for secondary, and 50 db for special education classrooms.

- Teaching environment for an itinerant teacher of the deaf and a child should be sound and vision controlled.

- The resource teacher of the deaf should have an assigned classroom, preferably the size of other classrooms.

- Classroom teachers should modify environmental conditions to facilitate speech reading and audition by hearing handicapped students.

TRANSPORTATION OF HEARING HANDICAPPED CHILDREN

Appropriate transportation for hearing handicapped children should be provided, when necessary, to assure access to appropriate educational services. Where possible, signing and nonsigning hearing impaired students shall be served by separate conveyances. Public transportation should be utilized when appropriate by hearing impaired students - at district expense. Every effort should be made to limit one-way travel to 50 minutes to ensure that each student has a full instructional day.

PRESCHOOL PROGRAMS

Districts, agencies and/or regional programs for the deaf need to provide or otherwise make available services to hearing handicapped children under the age of five years. Services should include: early identification, diagnostic evaluation and referral, parent/child intervention and planning, selection and fitting of amplification, training for use of amplification, communication training, developmental profile and program, regular parent education, and language and preacademic instruction.

The following services should be provided for all preschool hearing handicapped students. The impact of hearing handicap is dependent upon the age at which intervention begins, and hearing handicapped children should be served as soon as possible after identification. Services are defined as follows:

- Early Identification - Early identification services include: high risk registers utilized in hospitals and home birth programs with active follow-up by trained personnel; an active medical referral program which includes local pediatricians, EENT specialists and family physicians; well child clinic referrals in cooperation with public health departments; university, college and private speech and hearing clinic referrals; private and public infant hearing screening programs; and neonatal testing when available. In addition, an active public awareness program which may include the use of pamphlets, films, videotapes, speaker's bureau, posters, shopping center displays and news media and public broadcasting dissemination.

- Diagnostic Evaluation and Referral - Early entry level evaluation components should include audiological, visual, developmental, medical, neurological (when indicated), language and communication and family and medical history.

- Parent/Child Intervention and Program Planning and Prognosis - Parents and educators should review assessment and evaluation information in terms of realistic expectations for the child's growth and development as a result of special education intervention and support service activities. In addition, parents and educators should review and discuss essential service options and determine where appropriate services are available. An initial plan is prepared so that regular instruction of parent and child may begin. Parents and educators need to decide which program or agency will assume a primary responsibility for delivery and/or coordination of necessary services.

- Selection and Fitting of Amplification - Essential to the success of hearing aid selection and fitting for young hearing impaired is the utilization of a hearing aid loaner/trial fitting bank. Sharing costs for this trial period amplification is encouraged; however, the program or agency should assume a direct responsibility for the cost of this trial period, including ear molds and selectively fitted and monitored loaner/trial aids when parents are unable to provide funds. When sufficient data is available for the parents, teacher and audiologist to recommend personnal amplification for the child, the parent and/or public support agency should assume a direct responsibility for supplying the hearing aid and necessary monitoring and maintenance. Parents need to be advised that hearing aid usage by young hearing impaired children is dynamic and changes as children learn to utilize their residual

hearing. For this reason, regular reevaluation of hearing and hearing aid function is required so that amplification matches a child's changing response to auditory stimuli.

- Training for Use of Amplification - Regular auditory training is required for all young hearing impaired children. An auditory profile should be developed and maintained in order to monitor a child's developing audition. An auditory profile should provide sufficient data to determine: a child's utilization of appropriate amplification, and the sufficiency of the aural mode for purposes of communication.

The profile must be developmental and sequential, and generate sufficient short-term data for programming consistent with current instructional technology for special education.

- Communication Training - Whether oral/auditory, total communication or manual communication modes, early communication training should make it possible for children to communicate and develop a communication system which allows adequate processing of information. An adequate communication system will result in a language base sufficient for later cognitive and academic progress.

- Developmental Profile and Program - A developmental assessment and profile should be completed for each preschool hearing impaired child which includes language, cognition, motor development, self-help skills, visual motor and visual perception skills, predictive intellectual function and self-awareness self-concept. The developmental assessment should utilize standardized instruments which have proven effective and which are valid for hearing handicapped. Prescriptive educational programming should be prepared from the developmental profile and indexed in such a way that children progress on a continuum in specific goal areas.

- Regular Parent Education - Parent orientation and education should include how the child hears; how the child learns; the understanding that language is more than isolated words; techniques for acquisition of language at home; an understanding of how language develops; an explanation of their own (parents') feelings about their child's handicap; effective sibling relationships and family dynamics; parental responsibility for language, audition, cognition and hearing aid maintenance; health and hygiene; effective use of time in home intervention; reasonable expectations for hearing handicapped; notions of stress within the home as a result of handicapping condition; what programs can do; what programs cannot do; and what constitutes an appropriate program for their child. Any parent education program should be scheduled and arranged so that parents and other family members can participate. Parent education can be implemented through home visits, group meetings, individual counseling, regular teacher-parent communication, books, films, pamphlets, videotapes, seminars and workshops, statewide organizations and national organizations. Parent meetings should have a purpose and intended outcome and result in a continuity of developing perceptions and skills. Initially, two or three parent education contacts a month should be arranged. As parental perspectives develop, once-a-month contact may provide sufficient information.

- Language and Preacademic Instruction - It is important to plan, prescribe and program for language within the context of a scope and sequence curriculum. The scope and sequence should be sequential from preschool through secondary instruction. Oregon educators for the deaf should utilize a common referent describing steps required for language development and acquisition of preacademic skills and concepts. Mobility of Oregon's hearing impaired student population suggests a need for a common curriculum referent so that students moving from one program to another have the advantage of continuity in their educational programs. Continuity is a critical component in the success of any program of instruction for hearing impaired students. Students for whom a classroom program is appropriate will need a scope and sequence curriculum which is designed for a hearing impaired population. Regular school curricula may have value only for students who remain enrolled in regular or private school programs.

Preschool Specialized Service

Options include: district preschool outreach programs, hearing and speech centers, private preschool and early intervention programs for deaf, preschool programs - regional programs for deaf, preschool programs - residential school for deaf.

Specialized Service Delivery Systems

Systems include: home teachers (parent/child), home teachers and regular day care or nursery setting, clinical models (combination of clinical intervention, as in the center, and home training, preschool classroom, or itinerant instruction (kindergarten).

Personnel and Preparation

Teachers and/or clinicians providing direct services to hearing impaired children should be certificated in Oregon as teachers of the deaf and/or have specific training and certification as speech pathologists. Both teachers of the deaf and speech pathologists should have specific training in early childhood development and should have had practicum and/or teaching experience with preschool hearing impaired children and their parents.

Support Services

Diagnostic/evaluation services should include (in addition to assessment provided by the teacher of the deaf and speech pathologist) an audiologist, a pediatrician, an optometrist or ophthamologist (including access to EVR), and a psychologist.

Family counseling services may include a psychologist, social worker, public health nurse, family physican, family counselor, and parent groups.

OREGON REGIONAL PROGRAMS FOR DEAF

Referral Checklist

One or more of the following may be observed:

A. Behavior

___ frequently uses "neutral response," "smiling," saying "yes" and periodically nodding in situations where the child lacks understanding.

___ has difficulty following verbal directions or does not respond.

___ frequently asks to have statements repeated.

___ is inattentive in group activities.

___ appears to be confused, especially in noisy situations.

___ linguistic errors, such as dropping "s" plurals and possessive endings, i.e., "The person hat" for "The person's hat."

___ tends to be "on guard" more than usual if the child feels inadequate.

___ gives inappropriate answers to simple questions.

___ may isolate self or be isolated by peer group.

___ has complete or partial misunderstanding of conversation.

___ has poor ability to hear or discriminate between environmental sounds.

___ has difficulty in locating source of sound or speech; may be unable to recognize where the sound is coming from; may not hear or be able to detect the direction of a sound or speaker while the child's hearing classmates can easily determine the location.

___ is overly dependent on visual clues.

B. Physical

___ history of frequent earaches or ear discharge, or nasal obstruction with associated mouth breathing or other nasal symptoms - frequent colds, sneezing, earaches, allergies, history of viral infections, high fever, etc.

___ family history of hearing loss and/or ear disease.

___ history of dizziness and balance problems.

___ deformity of the outer ear.

C. Developmental Speech and Language

___ spoken and/or written language not comparable to that of the peer group or may be totally absent.

___ sounds distorted and/or omitted from words, i.e., "I caught a fish" may be spoken or written as "Me cau-fi-."

___ spoken and/or written words omitted from sentences or word order may simply be unintelligible, i.e., "Finished home" for "When they were finished, they went home."

___ figurative and abstract patterns of spoken and/or written language including idioms, metaphors, similes and personifications neither used nor understood.

___ voice quality harsh, breathy, nasal and/or monotone.

___ pitch, rhythm, stress and inflection, and/or volume inappropriate.

_____ _____

Signature - person completing form Date

_____ _____

School District